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**GlaxoSmithKline****FAX****To** Attn: Examiner Sheela J. Huff, Group 1642**Company** USPTO**Fax** 703-872-9306**From** Marjorie J. Pfeiffer**Tel** 1-919-483-9038; Facsimile: 1-919-483-7988**E-mail** marjorie.j.pfeiffer@gsk.com**Date** January 12, 2005 **Pages including cover** 3**Subject** Petition for Extension of Time**GlaxoSmithKline**
PO Box 13398
Five Moore Drive
Research Triangle Park
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www.gsk.com

Re: Application of Vincent C. Knick et al.
U.S. Serial No.: 10/031,355; Filed: January 18, 2002
Title: *Combination of an Anti-EP-Cam Antibody with a Chemotherapeutic Agent*
Attorney Docket No. PU3513USw

Attached:

1. Petition for Extension of Time under 37 CFR 1.136(a) (in duplicate)

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PTO/SB/22 (08-04)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) PU3513USw
Application Number 10/031,355		Filed January 18, 2002
For COMBINATION OF AN ANTI-EP-CAM ANTIBODY WITH A CHEMOTHERAPEUTIC AGENT		
Art Unit 1642		Examiner Huff, Sheila J.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55	\$ <u>120</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$215	\$ <u>0</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980	\$490	\$ <u>0</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530	\$765	\$ <u>0</u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080	\$1040	\$ <u>0</u>

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-1392. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.


I am the

☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 43,562

☐ attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR _____


 Signature

Michael M. Conger
 Typed or printed name

January 12, 2005
 Date

(919) 483-2474
 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/22 (08-04)

Approved for use through 7/31/2008. OMB 0851-0031

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<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR _____



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